Fill in this information to identify your case:							
Debtor 1	Parthenia	Stein	Fields				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:			Eastern District of Texas				
Case number 20-60640 (if known)							

Check as directed in lines 17 and 21:				
According to the calculations required by this Statement:				
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).				
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).				
☑ 3. The commitment period is 3 years.				
☐4. The commitment period is 5 years.				
☐ Check if this is an amended filing				

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ☐ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A

Column B

				Debtor 1	Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and copayroll deductions).	\$0.00	\$0.00		
3.	Alimony and maintenance payments. Do not include payments.	\$0.00	\$0.00		
4.	All amounts from any source which are regularly paid for dependents, including child support. Include regular commembers of your household, your dependents, parents, and from a spouse. Do not include payments you listed on line 3	\$0.00	\$0.00		
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2		
	Gross receipts (before all deductions)	\$0.00	\$0.00		
	Ordinary and necessary operating expenses	- \$0.00 -	\$0.00		
	Net monthly income from a business, profession, or farm	\$0.00	\$0.00 Cop		\$0.00
6.	Net income from rental and other real property	Debtor 1	Debtor 2		
	Gross receipts (before all deductions)	\$1,200.00	\$0.00		
	Ordinary and necessary operating expenses	- \$0.00 -	\$0.00		
	Net monthly income from rental or other real property	\$1,200.00	\$0.00 Cop	• \$1 200 00	\$0.00

Debtor 1 **Parthenia** Stein **Fields** Case number (if known) 20-60640 First Name Middle Name Last Name Column A Column B Debtor 1 Debtor 2 or non-filing spouse 7. Interest, dividends, and royalties 8. Unemployment compensation \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you..... \$868.00 For your spouse..... \$0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under \$0.00 \$0.00 the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. \$1,200.00 \$0.00 \$1,200.00 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total average monthly income Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. \$1,200.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$0.00 \$0.00 Total..... Copy here. \rightarrow \$1,200.00 14. Your current monthly income. Subtract the total in line 13 from line 12.

Debtor 1		Parthenia	Stein	Fields	Case number (if known) 20-60640			
		First Name	Middle Name	Last Name				
15.	_		ly income for the year. F			\$1,200,00		
						\$1,200.00		
	Multiply	line 15a by 12 (th	e number of months in a	year).		x 12		
	15b. The res	sult is your current	t monthly income for the y	ear for this part of the	e form	\$14,400.00		
16.	Calculate the	median family in	ncome that applies to yo	ou. Follow these step	s:			
	16a. Fill in th	e state in which y	ou live.		Texas			
	16b. Fill in th	e number of peop	ole in your household.		1			
	16c. Fill in th	e median family i	ncome for your state and	size of household		\$52,308.00		
			median income amounts This list may also be avai		link specified in the separate cy clerk's office.			
17.	How do the I	ines compare?						
	17a. 🗹 Li	ne 15b is less tha 325(b)(3), Go to F	n or equal to line 16c. On	the top of page 1 of the top of page 1 of the top of Your Dis	this form, check box 1, <i>Disposable income is not determined und</i>	der 11 U.S.C. §		
	17b. 🖵 Li	ne 15b is more tha	an line 16c. On the top of	page 1 of this form, o	check box 2, <i>Disposable income is determined under 11 U.S.C.</i> § Official Form 122C–2). On line 39 of that form, copy your currer			
Par			mitment Period Un	der 11 U.S.C. §1	325(b)(4)			
18.	Copy your to	tal average mon	thly income from line 11			\$1,200.00		
19.					e is not filing with you, and you contend that calculating the your spouse's income, copy the amount from line 13.	Ψ1,200.00		
19			- ,,,,	•		- \$0.00		
19	9b. Subtract	line 19a from line	e 18.			\$1,200.00		
20.	Calculate yo	ur current month	ly income for the year. F	ollow these steps.				
2	Da. Copy line 1	19b				\$1,200.00		
	Multiply by	/ 12 (the number o	of months in a year).			x 12		
20	Ob. The result	is your current mo	onthly income for the year	for this part of the fo	rm.	\$14,400.00		
20	Oc. Copy the m	nedian family inco	me for your state and size	e of household from I	ine 16c	\$52,308.00		
21.	How do the I	ines compare?						
5	Line 20b is	less than line 20c	. Unless otherwise ordere	ed by the court, on the	e top of page 1 of this form, check box 3,			
			al to line 20c. Unless other at period is 5 years. Go to l		e court, on the top of page 1 of this form,			
Par	t 4: Sign B	elow						
ı	By signing her	e, under penalty o	of perjury I declare that the	e information on this s	statement and in any attachments is true and correct.			
	X /s/ Pa	arthenia Stein Fi	elds					
	· —	ure of Debtor 1	-					
	Data (01/27/2021						
	_	MM/ DD/ YYYY						
	f vou checked	17a. do NOT fill o	out or file Form 122C–2.					
	-			s form. On line 39 of	that form, copy your current monthly income from line 14 above.			